



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
education@tdlr.texas.gov • www.tdlr.texas.gov

BARBER SCHOOL CHANGE OF LOCATION APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR NON-REFUNDABLE CHECK OR MONEY ORDER. APPLICATION MUST BE APPROVED BEFORE SCHOOL CAN MOVE TO THE NEW LOCATION. NO COURSE WORK CAN BE PROVIDED AT THE PREVIOUS LOCATION ONCE THE NEW LOCATION HAS BEEN APPROVED.

1. School Name – Write the legal name of the school which must be used in all advertisements.
2. Application Fee – \$225.00 (Fee is non-refundable)
3. New School Physical Address – Write the physical address of the School. This address is the actual business location of the School and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
4. New School Mailing Address – Write the mailing address of the new location being applied for. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. This is the address the Department will mail all correspondence, a post office box is acceptable. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: "By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law."
5. Previous Physical Address and License Number – Write the address and license number of the previous physical address.
6. Is there a Cosmetology School Operating in the same space? If yes, provide the cosmetology school license number and the hours of operation for each day the cosmetology school is open for business. A cosmetology school can operate in the same space as a barber school, if a cosmetology school license is held, but cannot operate at the same time.
7. Statement of Applicant – Carefully read the statement before dating and signing your application. The application must be signed by the owner and/or officer of the school. Be sure to print name, sign, and date the application.

THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION AND APPROVED PRIOR TO INSPECTION:

- A completed application
- Provide proof of ownership of the building or a signed lease agreement for the first twelve months of operation.
- Floor plan showing the building is of permanent construction, clearly indicated restrooms, drinking fountain facilities, classroom and practical areas (must be covered in a hard-surface floor covering of tile or other suitable material). The school is required to have adequate space to provide classroom training for the number of students enrolled.
- The required application fee of \$225.00 (Fee is non-refundable)

INSPECTION INFORMATION:

- Inspections will not be performed until all requirements are met.
- An email regarding the inspection process will be sent along with the inspection request form.
- If the school passes inspection the report will be entered in the data base and the license will issue.
- If the school did not pass inspection, the inspector will go over the requirements to pass the inspection. Once the items that are listed on the inspection report have been corrected, you will be required to provide documentation showing the items have been corrected.
- Schools may not move students to the new location until the inspection has been passed.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157



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BARBER SCHOOL CHANGE OF LOCATION APPLICATION

1. School Name:

2. Application Fee:

\$225.00

3. New Physical Address: (P.O. BOX is not allowed)

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

4. New Mailing Address:

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

School Email Address

School Phone Number

School Fax Number

5. Previous Physical Address and License Number:

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

License Number

6. Is there a Cosmetology School operating in the same space? ☐ Yes ☐ No

If yes, provide the Days/Hours of operation and Cosmetology School license number: _____

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

7. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the Barbering Program including Texas Occupations Code, Chapter 1601; and administrative rules under 16 Texas Administrative Code, Chapter 82. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Printed Name of Owner, Officer or Authorized Representative

Title

Signature of Owner, Officer, or Authorized Representative

Date